tablished, and while the patient was still weak, it disappeared, because the force of the heart was insufficient to develop the murmur, but as her strength returned the murmur revived, and thus the judgment was confirmed, which was already based upon the quality of the murmur, that the valve was the seat of an old lesion.

*Fœtal Monstrosity.*—Dr. R. W. HARGADINE exhibited the specimen for Dr. Hillyer, and furnished the following account:—

The fœtus reached the end of the eighth month of gestation, and is about the usual size. The mother had an easy labour, the child being born before the arrival of Dr. Hellyer. It breathed about a half hour. The peculiar external appearances are these: The brain, attached by a pedicle to the posterior portion of the skull, hangs down the back as low as the middle of the dorsal region, covered by its thin membranes, through which the convolutions could be easily seen when the specimen was fresh. The skull is flattened, and there is *apparently* no cranial cavity. The eyes are very prominent owing to flattening of the orbits. The mouth is large and open, and the neck short and thick, giving to the fœtus that peculiar brute-like appearance so characteristic of monsters of this class. The body and limbs are well developed with the exception of the feet, one of which is clubbed. On removing the vault of the cranium, at least one-fourth of the brain-substance was found within its contracted cavity, in the shape of two long flattened lobes, one on each side of the median line. These were distinctly convoluted, and were connected with the extra-cranial lobes by a constricted band of brain-substance. Nearly the whole of the superior portion of the occipital bone together with the posterior arches of all the cervical vertebræ were wanting. The spinal cord began to curve backward about the last cervical vertebræ, and the medulla oblongata, pons Varolii, cerebellum, together with what appeared to be the two posterior lobes of the cerebrum, were entirely outside of the cranial cavity, and formed this pendulous tumour. The brain-substance being soft, and easily torn, the course of the principal nerves and the relations of the ganglia of special sense could not be traced, with the exception, however, of the optic and olfactory nerves, which, arising apparently from the intra-cranial lobes, took their usual course.

In regard to the vascular distribution, some abnormalities were noticed. The anterior cerebral arteries ran the whole length of the intra-cranial lobes, and came off directly from the basilar. The carotid divided into a number of branches which anastomosed with these, but no circle of Willis existed. Nothing abnormal was observed within the thoracic or abdominal cavities except the absence of suprarenal capsules, the most careful search for which failed to detect them.

The foramen ovale between the auricles of the heart was found nearly closed by an exceedingly thin crescentic-shaped membrane.

I would mention that absence of the suprarenal capsules has been observed by Vrolik and others, occasionally, in exencephalous and anencephalous fœtus. No microscopic examination of any portion was made.

*June* 24. *Intestinal Obstruction; Recovery; Subsequent Death from another Cause.*

Dr. STILLE exhibited the specimen, which consisted of a portion of gut which had evidently been the seat of intussusception. The lower portion

of the bowel was entirely healthy, but at the point of intussusception there was a depressed rim, surrounded by a certain amount of indurated lymph mixed with fat.

*Horny Tumour of the Lower Lip.*—Dr. S. W. GROSS presented a specimen of conical horny tumour, five-eighths of an inch long and one inch in circumference at its base, removed from the left lower prolabium, where it had existed for three years. The subject of the growth, John F., aged seventy-one years, eighteen months previously noticed a small, round ulcer at its site, which he ascribed to smoking a short, clay pipe, which he always held on that side. During this period, the ulcer, which was the occasional seat of sharp and shooting pain, remained stationary, and he did nothing for it. It then scabbed over, and the horny tumour formed so rapidly that, in three months, it was an inch and a half long, and resembled a cock's spur reversed. About once every four weeks he clipped the mass with scissors, having previously softened it by means of a bread-poultice, and even then he found it hard to cut. For the past three weeks, the lip at the root of the growth has been the seat of lancinating pain, which sent him to the clinic of the Jefferson Medical College on the 16th of June, when Professor Gross removed it. The horn itself was quite insensible.

*Sept.* 9. *Traumatic Neuroma of Brachial Plexus following Amputation of Humerus.*—Dr. WILLIAM PEPPER, in exhibiting the specimen, gave the following account of this case:—

The patient was a man aged forty years, who had served in the army during the late war. The amputation had been performed for a compound comminuted gunshot fracture of right humerus, which required the removal of the bone at its surgical neck. The amputation was a primary field operation, and was followed by rapid recovery with an excellent stump. Several years afterwards, symptoms of spinal disease made their appearance, and he died paraplegic in September, 1869.

On post-mortem examination of the parts, there was complete bony anchylosis between the head of the humerus and the glenoid cavity of the scapula. The humerus at the point of amputation was rounded off to a conical shape, and the end of the bone covered in by a thin layer of compact osseous tissue. All of the nerves of the brachial plexus, save the musculo-cutaneous, terminated in a neuroma, about three-quarters of an inch in diameter, which was adherent to under surface of humerus. There was a separate neuroma of small size upon the extremity of the musculo-cutaneous nerve. The brachial artery was obliterated for a short distance above point of amputation, and terminated in a fibrous cord, which was also inserted into the large neuromatous tumour. No examination of the spinal cord has been as yet made.

Dr. KEEN referred to the recent observations of Dr. W. H. Dickinson and Vulpian (*Amer. Journ. of Med. Sci.*, Jan. 1869) on this subject, and asked Dr. Pepper as to the cause of the anchylosis of the humerus. Dr. Pepper stated that the patient did not come under his observation until some time after the amputation; that during this time he was quite confident no inflammatory condition of the joint was present, and that probably the anchylosis resulted from want of use. There was also a certain amount of anchylosis in both knee-joints and one hip-joint.